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CONFIRMATION NO. 9188

SERIAL NUMBI 09/935,019	ER	FILING DATE 08/22/2001 RULE	C	CLASS 607	GROUP ART UNI			ATTORNEY DOCKET NO. P-9611	
		n, Shorewood, MN; Orono, MN;			•			-	
** CONTINUING DATA **********************************									
** FOREIGN APPLICATIONS *********** NOLE DISC									
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/24/2001									
R5 CC 119 /2-d) conditions				STATE OR COUNTRY MN	SHEETS TOTAL CLAIM 5 24		MS	INDEPENDENT CLAIMS 9	
ADDRESS Girma Wolde-Mich Medtronic, Inc., M 7000 Central Aver Minneapolis ,MN	S 301 nue N	I.E.							
TITLE Medical device sy	stems	s implemented network	c system	for remote pa	tient ma	anagem	nent		
	FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT No for following:					All Fees			
FILING FEE RECEIVED 1392						1.16 Fees (Filing)			
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